

# ● PRINTER RUSH ●

(PTO ASSISTANCE)

|                                |                                |                              |
|--------------------------------|--------------------------------|------------------------------|
| Application : <u>10/551193</u> | Examiner : <u>Jones</u>        | GAU : <u>3744</u>            |
| From: <u>T. McCutcheon</u>     | Location: <u>(IDC) FMF FDC</u> | Date: <u>6-27-08</u>         |
| Tracking #: <u>10/551193</u>   |                                | Week <u>6-23-08</u><br>Date: |

| DOC CODE                                       | DOC DATE       | MISCELLANEOUS                                |
|--|----------------|--|
| <input type="checkbox"/> 1449                  |                | <input type="checkbox"/> Continuing Data     |
| <input type="checkbox"/> IDS                   |                | <input type="checkbox"/> Foreign Priority    |
| <input type="checkbox"/> CLM                   |                | <input type="checkbox"/> Document Legibility |
| <input checked="" type="checkbox"/> IIFW/FWCLM | <u>6-23-08</u> | <input type="checkbox"/> Fees                |
| <input type="checkbox"/> SRFW                  |                | <input type="checkbox"/> Other               |
| <input type="checkbox"/> DRW                   |                |  |
| <input type="checkbox"/> OATH                  |                |  |
| <input type="checkbox"/> 312                   |                |  |
| <input type="checkbox"/> SPEC                  |                |  |

[RUSH] MESSAGE: Index of Claims final column is blank and box labeled "claims Renumbered . . . . . by applicant is not checked.

Thank you

[XRUSH] RESPONSE: please check claim box - and renumber as indicated by applicant

INITIALS: my

EXAMINER: PUBS contacts -- for DESIGNS: Don Fairchild, 703-308-9250 x126; for ALL OTHER FILES: Bernadette Queen, 703-308-9250 x121

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.

REV May 07